



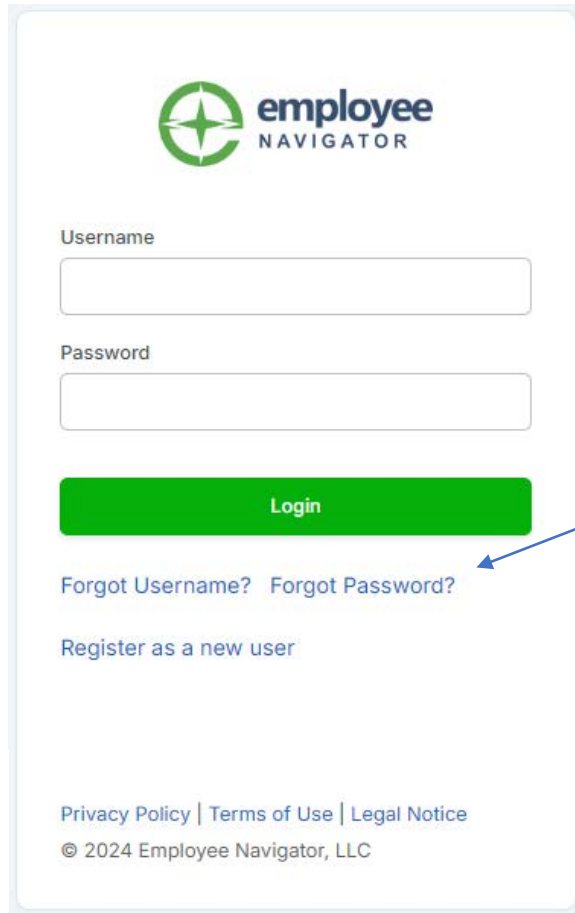
Qualifying Life Event Enrollment

- Birth/Adoption
- Court Order
- Eligible for other Coverage
- Involuntary Loss of Coverage
- Death
- Divorce
- Marriage
- Increase in hours (FTE)

All Life Event Changes Must Be Submitted
Within **30 Days** Of The Event!

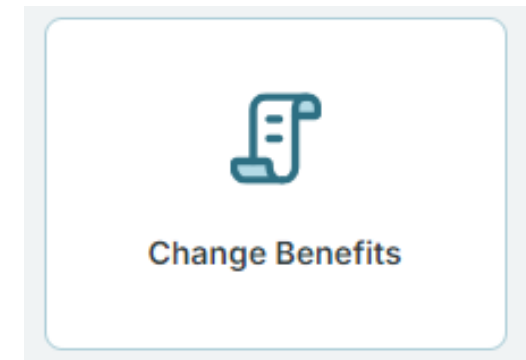


To access the online enrollment tool for your Qualifying Life Event, visit csd.employeenavigator.com and log in with your username and password



The image shows the login page for Employee Navigator. At the top is the logo, which consists of a green compass rose icon and the text "employee NAVIGATOR". Below the logo are two input fields: "Username" and "Password". Under the password field is a green "Login" button. Below the button are two links: "Forgot Username?" and "Forgot Password?". At the bottom of the login section is a link that says "Register as a new user". At the very bottom of the page are links for "Privacy Policy", "Terms of Use", and "Legal Notice", followed by the copyright notice "© 2024 Employee Navigator, LLC".

If you forgot your password, click the "Forgot Password?" link



Select "Change Benefits" to begin

Submit a Life Event

- Choose the Life Event that applies to your situation

Please select the life event for changing your benefits to get started

--Select--

--Select--

Life Events

- Birth or Adoption
- Marriage or Domestic Partnership
- Divorce or Legal Separation
- Employee loss of Coverage or Spouse Open Enrollment
- Change in Other Coverage
- Dependent is over eligible age
- Legal Guardianship/Custody
- Death of Dependent

Life Events that require HR to begin

- Court Order/Judgement
- Change in Hours
- Leave of Absence

If you have questions about which choice fits best or what date you should use, call the Insurance Department
801.826.5428

Must be within the last 30 days

Submit a Life Event

Please select the life event for changing your benefits to get started

Birth or Adoption

☐ Adoption

☒ Birth

Birth or Adoption

Begin with the date of the birth of your child (or adoption date). Coverage added will be effective as of this date.

Life events such as adding a new child creates an opportunity to make various changes to your benefits. For example, you could add your new child to your spouse's plan and change coverage for your health insurance to your spouse's plans. Understanding how your benefits can change will help you make informed decisions.

IMPORTANT: HIPAA allows for enrollment changes within 30 days of the loss of other coverage. Otherwise, the next opportunity to enroll will be at open enrollment.

Date of birth

ConfirmClose

Life Event enrollment will look similar to Open Enrollment.

Let's Begin Your Life Event Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Update your benefits:
 - Medical
 - Health Savings Account
 - Dental
 - Vision
 - Group Long Term Disability
 - Group Life
 - Flexible Spending Account
 - Limited Purpose FSA
 - Dependent Care Spending Account
 - Accident
 - Hospital Indemnity

The elections you make for **Birth** that happened on **10/01/2024** will be finalized **only** after you sign and authorize them.

Get Started

The screenshot shows the 'Personal Information' section of the enrollment form. It includes input fields for First Name (Happy), Middle Name, Last Name (Demo), Suffix (a dropdown menu showing '--Select--'), and Preferred Name. A progress bar on the right indicates 'Progress: 1 of 18' with a 'View steps >' link. The top navigation bar includes links for Home, Profile, Benefits, Required Tasks, and Resources. The Canyon School District logo is in the top left.

Please verify your personal information is correct and make necessary changes

The screenshot shows the 'Address' section of the enrollment form. It includes a Country dropdown menu (United States of America), Address 1, Address 2, City, State/Territory dropdown menu (Utah), and Zip Code. A 'Save & Continue' button is at the bottom right.



Adding Dependents

Dependent Information

[Add dependent +](#)

No dependents were found.

[Save & Continue](#)

Add dependent ✕

First Name *

Middle Name

Last Name *

Suffix

Relationship *

Sex * ☐ Male ☐ Female

Date of birth *

SSN

Fulltime College Student ☐ Yes ☐ No

Disabled ☐

Tobacco User * ☐ Yes ☐ No

Address

[Save](#) [Cancel](#)

Who am I enrolling?

- ☐ Myself
- ☒ Little Demo (Child)

For all elections, remember to select all dependents you want covered on your plan

Add dependents with as much information as you have available. You may always log in and add information later or call the Insurance Department and we can make updates

Electing Coverage

Medical


Canyons School District is proud to offer comprehensive and preventive healthcare coverage. PEHP is the District's health insurance provider. PEHP will manage both the health and the pharmacy coverage. The plan structure will remain largely unchanged for 2022. The District will continue to offer two network options.

- Advantage Network = Intermountain Healthcare hospitals and clinics
- Summit Network = University of Utah, HCA, MountainStar and Steward Health

Who am I enrolling?

Myself

Which plan do I want?



Advantage High Deductible Plan (Star) 2025

\$33.81

Cost per pay period


Effective on 01/01/25

Employee

Compare

Details

Select



Summit High Deductible Plan (Star) 2025

\$33.81

Cost per pay period

Effective on 01/01/25

Employee

Compare

Details

Select

Progress: 4 of 18

View steps >

My Selections

Open Enrollment:

No election yet

Current:

No election on file

Helpful Resources

2024 Canyons School District Benefits Guide

PEHP

Plan Notices

Please read and agree to the following plan notices

Disclosures

You are enrolling in the Advantage Network. The Advantage Network = Intermountain Healthcare hospitals and clinics. If you would like to be enrolled in the Summit Network (University of Utah, HCA, MountainStar and Steward Health), please go back to the medical election page and update your election.

Agree


Select your plan and click
“Save & Continue”

Advantage = Intermountain Hospitals
Summit = U of U, Common Spirit, and Mountain Star Hospitals

Save & Continue

End & Continue

To waive coverage, select
“End & Continue”



Elect or decline enrollment for all coverages

Dental


EMI Health is the District's dental plan administrator. If your dentist isn't in network, you can contact EMI Health to nominate a provider and they will contact the provider about contracting with their network. For details on the dental plans, please refer to the Benefit Guide. There are four dental plan options.

- **Value Plan:** [Discount Only Plan](#), In-network only, you will be responsible for the entire cost of services. This plan provides a discount only. It has the lowest premium but with minimal benefits.
- **Advantage Copay Plan:** Basic coverage copay plan, In-network only with a few minor exceptions, no waiting periods and no annual maximum.
- **Choice PPO Plan:** Strong network choices, two networks of providers, in-network and out-of-network coverage. \$2000 maximum for Advantage Plus Network and \$1500 for all others. There are waiting periods for basic and major services.
- **Choice Indemnity Plan:** Strong network choices, two networks of providers, in-network and out-of-network coverage. \$2500 maximum for Advantage Plus Network and \$2000 for all others. There are waiting periods for basic and major services.

Who am I enrolling?

- ☒ Myself
- ☐ Select All
- ☐ Grumpy Demo (Spouse)
- ☐ Little Demo (Child)

Which plan do I want?

**Value Dental Plan 2025**

\$0.50
Cost per pay period

Effective on 02/01/25
Employee

[Compare](#) [Details](#) [Select](#)


Vision

Canyons School District's vision carrier is EMI Health. EMI Health partners with VSP Vision to offer enhanced vision benefits. They have a large provider network, both nationally and in Utah, including Walmart, Sam's Club, Costco, Shopko, Vision Works, and community-based providers. Canyons School District offers two options for an employee's choice on their vision plan. Changes in vision coverage may only be made during an open enrollment period.

Who am I enrolling?

- ☒ Myself
- ☐ Select All
- ☐ Grumpy Demo (Spouse)
- ☐ Little Demo (Child)


Which plan do I want?

**VSP Plus 10-100 Vision Plan 2025**

\$3.20
Cost per pay period

Effective on 02/01/25
Employee

[Compare](#) [Details](#) [Select](#)

**VSP Plus 10-130 Vision Plan 2025**

\$3.80
Cost per pay period

Effective on 02/01/25
Employee

[Compare](#) [Details](#) [Select](#)

Group Life

The District provides a basic life policy of \$32,000 to all full time contracted employees. Basic life insurance provides a death benefit payable to the insured person's named beneficiary if death occurs while you are insured under this plan.

The Basic Life and Basic Accidental Death and Dismemberment benefit will be reduced by 50% if the dependent is age 70 or older.

[Click on the drop-down arrow to add coverage for your family members.](#)

Your current elections

Myself

Effective Date	01/01/2025
Requested benefit	\$32,000
Requested per pay cost	\$0

Change dependent benefit

Dependent Benefit Option

-- Select dependent option --
-- Select dependent option --
\$3,000 Spouse / \$3,000 Children

☐ Little Demo (Child) - restricted - can't enroll

Effective Date	01/01/2025
Requested benefit	\$0
Requested per pay cost	\$0
Requested Cost Per Pay	0

[Save & Continue](#)

Be sure to add
your dependents
to Group Life



Life Event Summary

Once you have updated your benefits, please look over your Enrollment Summary to ensure coverage is what you expect. Once you click “Update Life Event” a notification will be sent to the Insurance Department for approval.

Please send any required documents to the Insurance Department via District Mail, Secure Email, or stop by the District Office building, Room 228.


Life Event Summary

Please address the below issues regarding your recent life event enrollment changes.

- You are enrolled in one or more enrollments where the plan requires forms to be completed. Please revisit and resave the following forms: Group Life Beneficiary

Update Life Event

Cancel Life Event

 HR may require additional documentation

Enrolled Plans

Medical

Collapse ▾



Advantage High Deductible Plan (Star) 2025

Coverage: Employee + One Effective: 02/01/2025
Cost Per Pay: \$54.41

Health Savings Account (HSA)

Collapse ▾



Healthcare Savings Account 2025

Coverage: Employee Effective: 02/01/2025
Cost Per Pay: \$145.83

Dental

Collapse ▾



Choice PPO Dental Plan 2025

Coverage: Employee + Family Effective: 02/01/2025
Cost Per Pay: \$55.25

Vision

Collapse ▾



VSP Plus 10-130 Vision Plan 2025

Coverage: Employee + One Effective: 02/01/2025
Cost Per Pay: \$7

Total Cost Per Pay Period